

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> Committee to Re-Elect Loretta Sanchez			
<b>ADDRESS</b> (number and street) PO Box 6037			
<b>CITY, STATE, and ZIP CODE</b> Santa Ana CA 92706			
<b>2. NAME OF CANDIDATE</b> Loretta Sanchez	<b>3. OFFICE SOUGHT</b> (State and District) House CA 46	<b>4. FEC IDENTIFICATION NUMBER</b> C00326264	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

  

<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Alan H Beyer  10 Rockingham Dr  Newport Beach CA 92660-4218	Name of Employer Newport Orthopedic Institute  <b>Transaction ID : C10579774</b> Occupation Physician	Date (month, day, year) 10/29/2014	Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> James T. Caillouette  22 Corporate Plaza  Newport Beach CA 92660	Name of Employer Newport Orthopedic Institute  <b>Transaction ID : C10579775</b> Occupation Physician	Date (month, day, year) 10/29/2014	Amount 1000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Michael I Danto  63 Santa Barbara Dr  Aliso Viejo CA 92656-1622	Name of Employer Orthopaedic Specialty Institute  <b>Transaction ID : C10579778</b> Occupation Physician	Date (month, day, year) 10/29/2014	Amount 1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Paul T Dinh  7714 E Appletree Ln  Orange CA 92869-6502	Name of Employer Orthopaedic Specialty Institute  <b>Transaction ID : C10579780</b> Occupation Physician	Date (month, day, year) 10/29/2014	Amount 1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Scott P Fischer  34 Cape Andover  Newport Beach CA 92660	Name of Employer Orthopaedic Specialty Institute  <b>Transaction ID : C10579798</b> Occupation Physician	Date (month, day, year) 10/29/2014	Amount 1000.00

  

<b>SIGNATURE (optional)</b> Katharine Meyer Borst  <div style="text-align: center;">[Electronically Filed]</div>	<b>DATE</b> 10/31/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)